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IRITIS.

On the Use of the Oil of Turpentine in Iritis. By JOHN FOOTE, Esq.

INFLAMMATION of the iris may exist independent of, and totally unconnected with, inflammation in any other membrane of the eye, such as sclerotitis or corneitis; such is the opinion of Mr. Mackenzie, of Glasgow: yet it is more frequently accompanied with one or more of these inflammations. Many medical men have seen cases of iritis with corneitis, sclerotitis, or inflammation of the conjunctiva, that have never seen a case of simple iritis, or one unattended with any other inflammation. From what I have seen of it, its more frequent accompaniment is the inflammation of the conjunctiva; and, from this disease being occasionally severe, the iritis is sometimes overlooked, more especially if the attack be slight. When the inflammation runs very high, it is liable to extend to the choroid coat and retina: this fact has induced some writers to deny that iritis can occur without extending to the retina; but it is a mistake: *simple iritis* may take place. The disease commences most frequently on the pupillary margin of the iris, and extends thence through the whole of the tunic; and so rapid is its progress in the adhesive process, that we sometimes see effusion taking place on the pupillary margin, and the lymph even becoming organized, ere the rest of the iris is much engaged in the disease. It is from the extreme rapidity with which the adhesive process proceeds that iritis is so dangerous, and requires such energetic measures.

Semeiology. The disease is characterized by certain symptoms in all its forms. We have a beautiful zone of pink hair-like vessels running towards the cornea, forming an appearance like the rays of the sun, as represented radiating from that body. A change of color of the iris is also remarkably evident, owing to its increased vascularity: if blue, it becomes greenish; if dark-colored, reddish. Contraction, irregularity, and immobility of the pupil, speedily follow, unless prevented by proper treatment. Effusion of coagulable lymph into the pupil and posterior chamber, rarely into the anterior; adhesions of the iris; dimness of sight, and sometimes almost total blindness; pain in the eye, and nocturnal circumorbital pain.

This classification of symptoms is according to Mackenzie, in his splendid work on the Eye: all, or the greater part, exist in every case of iritis. The change of color of the iris, the zonular appearance, irre-

gularity of the pupil, together with the pain, are the most frequent symptoms, and are those also which best indicate the nature of the complaint.

Iritis is frequently divided into idiopathic, traumatic, sympathetic, syphilitic, rheumatic, and arthritic: besides these, there are various compound cases, as when the rheumatic and arthritic are combined, or the rheumatico-syphilitic, or else the arthritico-syphilitic. These distinctions depend more on the causes than on the semeiology or treatment of the disease: thus, the idiopathic arises from cold, or some unknown cause; the traumatic, from wounds; the sympathetic, when it supervenes on some other long-continued or very severe inflammation, as on sclerotitis, &c.: these are evident. The rheumatico or the arthritico-syphilitic depends on syphilitic iritis appearing in persons with a rheumatic or arthritic taint in their constitution; and these cases will generally require the addition of colchicum to the means we employ to effect a cure.

General Treatment. In strong and plethoric subjects, and more especially in the traumatic, syphilitic, and occasionally the sympathetic, the patient should be bled freely from the arm, *pro ut ferant vires*: this will remove the pain for a time, or at least diminish it very considerably. If the pain return violently, the bleeding must be repeated: but it will generally be found sufficient in that case to bleed locally by cupping, in preference to leeches. The generality of cuppers open the temporal artery in cupping on the temples, and we thus obtain what we wanted, and which we could not get by leeches, a rapid loss of blood from the part: the cupper should be always desired to open the artery, or a branch of it. Next to bloodletting, or rather equal, and by some considered superior to it, ranks mercury: this is frequently administered alone, without any other remedial agent, and has certainly, under such circumstances, cured the disease, of which I have seen several instances.

The best form for giving this medicine is a combination of calomel and opium: two grains of calomel and a quarter of a grain of opium, (the dose of the latter increased, if purging come on,) given every second, third, or fourth hour, according to the urgency of the case, so as to salivate rapidly. When the disease continues advancing, and it is not easy to produce that effect of mercury by which it manifests its action, inunction on the temple, either of the ung. hydrarg. alone or combined with belladonna, may be had recourse to with benefit. The power of mercury over this disease is so very great that it has been considered a specific; and yet, such is the strange anomaly of medical facts, it is supposed that mercury can produce the disease. I have never seen an instance which I could fairly attribute to mercury; and numerous instances are recorded in which iritis appeared, although no mercury had been given.

In the rheumatic and arthritic, and also in the syphilitic, when combined with these diatheses, it will be necessary to adjoin colchicum, or some of its preparations, with the mercury: in such a case, if calomel be given, it should be administered in conjunction with the extract of colchicum and opium; but the better way of giving mercury is by inunction, and the internal use of the Vinum Colchici. Such subjects do not bear bleeding well, and it is apt sometimes, more especially in bad constitutions, to prove injurious, by inducing a chronic form, which is difficult to cure, and frequently ends in the worst form of amaurosis. In some

persons, owing to idiosyncrasy, mercury cannot be administered, from the distressing effects it produces. Again, when patients have undergone lately, one, two, or more courses of mercury, they are unwilling, and sometimes unable, to bear another course of this powerful remedy : in such cases, turpentine should be had recourse to. This remedy was introduced by Hugh Carmichael, Esq., of Dublin : I quote his words on this occasion, from his *Observations on the Efficacy of Turpentine in the Venereal and other deep-seated inflammations of the Eye*, published in 1829. "I use the turpentine in this complaint in drachm doses, given three times a day : its disagreeable flavor and nauseating effects I have found best obviated by almond emulsion. This circumstance it is very necessary to attend to, the medicine being so unpleasant that, if its taste be not in some way disguised, it is difficult to depend on patients taking it with the necessary regularity. In the formation of the emulsion, if double the quantity of confection directed in the London Pharmacopœia be employed, (that is, two ounces to the half-pint of water,) it answers the above objects much better : the residuum may be removed by straining.

"With an emulsion so made, the following is the formula I now generally adopt : *R. Olei terebinthinæ rectificati, 3j. ; vitellum unius ovi ; tere simul, et adde gradatim emulsionis Amygdalarum, 3iv. ; Syrupi Corticis Aurantii 3ij. ; spiritus lavandulæ compositi, 3iv. ; olei cinnamomi, guttas tres vel quatuor. Misce, sumat cochl. larga duo ter de die.*

"In a few cases it has been necessary to increase the quantity of turpentine to an ounce and a half or two ounces in the above mixture, the other ingredients being proportionally diminished, so that a drachm and a half or two drachms of it may be taken each time ; but in general, when administered to the extent directed in this formula, it has very seldom indeed failed, though extensively tried, and in very urgent cases : the instances of its failure shall be presently noticed. The strangury, so frequently induced by the internal use of the turpentine, is obviated by the usual means, flaxseed (the linseed of England) tea, and camphor julep : when very urgent, the medicine may be suspended for a time. The tendency to acidity in the stomach, which it sometimes causes, is relieved by the addition of carbonate of soda to the mixture : ten or fifteen grains to the eight ounces will be sufficient. Some patients have said the taste was further disguised by this addition.

"When the local inflammation is high, and acute pain is present in the eye and side of the head, the abstraction of blood from the temple by cupping, or the more immediate seat of the disease by leeching, may be resorted to : the same practice is adopted when mercury is used. Nevertheless, I have frequently, when these symptoms were very urgent, relied solely on the turpentine mixture, and with the most decided and expeditious relief : indeed, in some instances, where the pain and hemi-cranium existed as acutely as they are perhaps at any time to be met with, patients have declared they were considerably relieved after they had taken it once or twice, and that its subsequent exacerbations were lessened in a remarkable degree. It is in the former cases I have generally found it necessary to follow up the bleeding by increasing the quantity of the turpentine.

"It is highly necessary to observe, that the condition of the bowels will require attention : the beneficial effects of the medicine appear to be, in certain cases, suspended when constipation is present, and are called forth, as it were, when this is removed."

These are the words of Mr. Hugh Carmichael, and they emanate from a man of great practical experience : they give a clear and concise view of the cases in which turpentine should be employed, of the manner in which it should be administered, and the precautions to be taken in employing it.

It was from the acknowledged influence of turpentine in peritonitis, and the analogy in point of morbid effects between inflammation of the peritoneum and that of the iris—in both cases a serous membrane being engaged, and in both adhesions being produced between surfaces intended to be free—that Mr. Carmichael was led to make use of it in iritis : he deems that it acts in the same manner that mercury does, by exciting the absorbents.

Mr. Guthrie, who has given it an ample trial, finds that "in some cases it has succeeded admirably ; in others, it has been of little service ; and in some, unequal to the cure of the complaint." Mr. Lawrence has not yet tried this remedy.

From several cases which I have seen, I am inclined to think that turpentine acts by exciting inflammation in the intestinal canal, and more especially the urinary apparatus : the cases which have been most successful, of those which I have seen at least, have been those in which severe strangury has been excited. The degree of counter-irritation thus set up will readily account for the removal of the original disease. I have likewise seen cases in which I found it impossible to excite this irritation, (notwithstanding the violet odor was so powerful that it was complained of throughout the house in which the patient resided, and he was obliged to quit his lodgings accordingly,) and in these no benefit was experienced from its use. I have already said, that it was from the acknowledged influence of turpentine in peritonitis, and the analogy in point of morbid effects between inflammation of the peritoneum and iris, that Mr. Carmichael was induced to try the turpentine : now, as he has taken the example of the use of turpentine in peritonitis to fortify his opinions, I hope I may be allowed the same privilege, of which I shall instantly avail myself, and proceed to ask in what way turpentine acts in curing that inflammation ? If we consult the best works on that subject, we shall find it attributed to the irritation produced along the whole alimentary canal, not the intestinal tube only, as it produces nausea, and frequently vomiting : when we consider the immense extent of surface exposed to the action of this medicine in that canal, and recollect the degree of irritation produced by a common spurge in that canal, we shall have no difficulty in subscribing to this doctrine ; and then reasoning by analogy, if it acts thus in peritonitis, it surely may do so in iritis.

I am also inclined to deny altogether the specific powers of mercury in this or any other disease. If I am right in what I conceive a specific to be, it is a remedy which never fails to cure a disease, and which said disease can never be cured by any other remedy ; its action must also be unknown. Now, for a long period of years, this remedy has been deemed

a specific in the cure of venereal diseases, as most of you know ; but it appears that that disease can be cured, and permanently cured, without one grain of mercury, as shown by the records of our army surgeons ; and, again, certain cases have been exasperated, but more particularly certain symptoms, as the phagedenic ulcer, have been rendered worse, by the employment of mercury : and in this disease (iritis), I set out with saying that there are many cases in which it would be improper ; there are many cases, likewise, in which it has failed : besides, this remedy has been employed, and with success, in many other besides syphilitic diseases, as simple iritis, peritonitis, hepatitis, &c. Having, therefore, as I think, destroyed, in some degree, its pretensions as a specific remedy, I will proceed to state that I think this medicine acts in the same manner, as almost all, if not all, our other medicines do, namely, by exciting counter-irritation. We are told that mercury shows that it is exerting its beneficial effect on the system when it has produced sore mouth, &c., and that, until this occurs, we need not expect lasting benefit from it : this is said to be showing its *specific effect* ; but, with all due submission to the holders of this doctrine, may not mercury cure the disease by the *counter-irritation* it produces in the mouth, the salivary and biliary glands ?—*London Medical Gazette*.

SARCOMATOUS TUMOR.

History of a Case of Sarcomatous Tumor of the Mamma—its Extirpation, &c. By N. HITT, M.D., of Vincennes, Indiana.

Vincennes, (Indiana,) November 10, 1831.

THE subject of this history is a Mrs. Holmes of this place, aged twenty-four years. The previous history she gave me of her affliction is as follows.

About twelve years ago, when her system commenced its expansion, she discovered her left breast gradually to increase in size, and to continue to grow after the system had received its ultimate development, giving her no pain and consequently no uneasiness or alarm, until after she was united in marriage to her present husband. During pregnancy, she thought it increased more rapidly ; and after she was delivered of her first born, its increase became more evident and alarming. A few days after the birth of the child, the gland had every appearance, as she thought, of having secreted milk, and was so much distended that medical advice was thought necessary and was obtained. The child was denied access to the enlarged breast, and stimulating applications prescribed with the view to suspend the secreting process.

About this time she thinks a redness appeared, circumscribed to about the size of a half crown, one inch to the right of the nipple ; which redness or inflammation soon gave place to suppuration, and discharge of a fluid, the color and consistence of which she does not now recollect. After discharging a few days, it entirely healed, and no perceptible change was discovered until the second accouchement. Between her first and second pregnancy, her medical attendant, she states, was as assiduous as unsuccessful in his endeavors to discuss the tumor, by the exhibition of

medicine internally and externally, until pyalism was produced and continued for some time.

On Christmas last, she was delivered of her second and last child, when the tumor again resumed its progressive march, and by its accelerated action and unyielding disposition, produced in the mind of the patient the most awful apprehensions.

The following April I first saw her, having been called to relieve her of an attack of fever, at which time the tumor was shown to me as a curiosity. And, what will be thought surprising in a subsequent part of this history, the child was then applied to the enormous breast, which, from its magnitude, looked very unlike the mamma. I then had ocular demonstration of the fact, that secretion of milk was performed, and the child's healthful aspect itself proved it to be amply supplied with the pabulum of life. The tumor at this time was not particularly examined, as it was not requested.

I did not see the patient again until the first of July following. She was then much alarmed in consequence of a circumscribed redness, the size of a crown, appearing about four inches below the nipple, and which having subsided, left to the feel of the finger evident fluctuation. The external appearance of the tumor was smooth, uniform, and elastic, possessing but little sensibility and slight soreness on pressure. Upon pressing the sides of the tumor with the fingers, the internal structure imparted an uneven and irregular feeling. Its largest circumference measured thirty-two inches, and its base twenty-two; its supposed weight from fifteen to twenty pounds. It was supported by a bandage from the neck, assisted by the left arm and hand, which were constantly applied beneath it. None of the neighboring glands were implicated.

Considering the circumstances of the case, the age and comparatively good constitution of the patient, I gave an opinion that extirpation was not only advisable, but would be the only possible means of her salvation from an untimely grave. She did not fully determine to submit to an operation until the above opinion was corroborated by the opinion of several gentlemen now present, who did me the kindness to examine the tumor.

Her mind being fully made up, the 20th July was appointed for the operation. From an unyielding desire to undergo the painful ordeal among her nearest kindred, from which she could not be dissuaded, she was conveyed in a carriage twenty-two miles north of this place a few days previous.

Every preparation being made, my friend Dr. Somes and myself set off on the 19th, and on our way met an acquaintance just from the patient, who stated that nature had anticipated us and had performed the operation by the tumor's bursting and discharging.

We went on, however, and found the tumor collapsed, and still discharging gradually a fluid, the color and consistence of which resembled thick rich cream; and, judging from the vessels containing the fluid, and also the condition of her cloths, there must have been at least one gallon discharged.

The fluid had a pulpy feel, and peculiar smell, not offensive, however. The probe could be plied in several directions, and in some it was not

of sufficient length to determine its boundaries. The minds of the patient and her friends were much relieved, supposing the late occurrence would supersede the necessity of an operation; and in vain did we endeavor to convince them otherwise. We deemed it useless to insist on an operation under existing circumstances, but contented ourselves with controverting the notion that its discharge was a sufficient reason to delay the operation, and told them it was probable she would be placed under less favorable circumstances for an operation when it would be absolutely necessary for one to be performed.

After expressing our views, we passed on to *Terre Haute*. While there our patient was taken with a remittent fever, and during the second exacerbation of fever the blood-vessels of the tumor gave way, and an alarming hæmorrhage ensued. A messenger was immediately despatched, and we were hurried back to the patient. July 26th, we found her much exhausted from fever and loss of blood, and still bleeding.

In consultation with Drs. *Somes*, *Davis*, *Ohowver*, and *Elliott*, it was agreed that an operation was the only possible expedient to save her from a speedy dissolution; and that even that was extremely doubtful under existing circumstances; such as her great debility, considerable fever, the quantity of blood she had already lost, her mind agitated with fearful apprehensions, and the tumor collapsed into a loose mass, all tending to an unfavorable prognosis. By the assistance of the above named gentlemen the operation was commenced in the usual way of extirpating cancerous breasts, by making two semicircular incisions, and dissecting back a sufficiency of the integuments to cover the exposed surface after the removal of the tumor. The tumor was then cautiously dissected from above downward; great care being taken to tie the arteries as they were exposed. Thus the whole tumor was carefully and entirely removed, leaving the pectoral muscle bare. The patient was then laid on the bed to recover from syncope, the flaps lying open and the whole covered with lint.

I would here state that our patient was remarkably courageous, and bore the operation with a fortitude seldom witnessed in the most extensive operating theatres. She was supported by wine and water as occasion required. After she had somewhat revived, and finding no hæmorrhage on raising the lint, the flaps were properly adjusted and retained by adhesive straps. The compress and bandage completed the dressings. She was then cheered, encouraged, and congratulated, which elicited from her a smile prospective of returning health, and all faces beamed with gratitude and thankfulness for such a deliverance.

In a few days her fever subsided, the healing process commenced and kindly progressed. Three fourths of the flaps healed by the first intention; and in three weeks from the day of operating, she returned to her domestic circle; when three weeks more completed the entire healing of the wound.

Viewing her situation previous to the operation, when she was prostrate beneath the arm of disease, and to all appearance on the verge of dissolution, and seeing her now, reinstated to health, family, and friends, we cannot but consider this case a striking illustration of the powerful influence of our art in meliorating the condition of man, and a conclusive confutation of the vulgar prejudices entertained against it by some.

Dissection of the Tumor.—The tumor was opened by cutting through a thick capsule formed apparently of condensed cellular substance. On its surface next the skin the capsule firmly adhered. The substance of which the principal part of the tumor was composed, was made up of irregularly shaped masses, in color and texture somewhat resembling the masses which compose the pancreas, and appeared to be connected with each other by a fibrous substance of a looser texture.

A very small portion extending from the nipple to the clavical margin of the tumor, bore the appearance of healthy gland. This was half an inch thick at the nipple, and gradually increased in thickness as it ascended to the margin, and composed perhaps one twelfth part of the whole separate from the fluid. It is remarkable in this case, considering how small a portion of the whole mamma was in a healthy state, and shaped as it was, that milk was pressed from the nipple only two weeks previous to the operation.

The cavity of the tumor occupied its centre, extending principally below and three or four inches above the centre.—*Transylvania Med. Journal.*

IS PUERPERAL FEVER INFECTIOUS ?

In a Letter to the Editor of the London Medical Gazette.

SIR,—The letter of Dr. Campbell on puerperal fever, which appeared in the Medical Gazette of December 10th, has recalled my attention to certain facts in my possession, calculated to throw some light on the query which heads this communication. At the present moment, when the laws of infection are the subject of eager and dubious controversy, the facts I shall adduce may possibly interest some of your readers.

“On the question of infection (Dr. Campbell observes) I am as much as ever impressed with the belief, that unless the practitioner has been engaged in the dissection of the bodies of those who have fallen victims, the disease cannot be conveyed by him from females laboring under it to others recently delivered ; but if he have been so engaged, I have strong reasons for believing that he may be the means of propagating it.” My experience is not in unison with this conclusion. On the 4th of January last (1831), a meeting of the medical officers of the Manchester Lying-in Charity was summoned in consequence of a great mortality having occurred, during the four preceding weeks, among the patients of one of the midwives. The circumstances we found to be these : Mrs. A. B., a midwife in great practice among the patients of the Charity, had on the 4th of the preceding month (December, 1830) delivered a poor woman, who soon died with symptoms of puerperal fever. From this date to the 4th of January inclusive—exactly one month, this midwife delivered thirty women residing in different parts of an extensive suburb, of which number sixteen caught the disease, and all of them ultimately died. These were the only cases of puerperal fever which had for a considerable time occurred in Manchester. The midwives, commonly twenty-five in number, deliver, on an average, ninety women per week, which is about three hundred and eighty in a month. Now of this number delivered during the month in question,

none had puerperal fever except the patients of Mrs. A. B. Yet all this time this woman was crossing the other midwives in every direction, scores of the patients of the Charity being delivered by them in the very same quarters where her cases of fever were happening.

The following statement, transcribed from Mrs. A. B.'s day-book, specifies the dates of the deliveries of the women, discriminating those who took the fever:—

Deliveries.	Had Puerperal Fever.	Deliveries.	Had Puerperal Fever.
1830, Dec. 4, one	one	1830, Dec. 26, two	—
5, one	—	28, one	one
6, two	one	30, two	one
7,* four	one	31, one	—
18, three	two	1831, Jan. 1, four	two
22, one	—	2, two	one
23, one	one	3, two	two
24, one	one		
25, two	two	thirty	sixteen

The decision of the medical officers of the Charity was to the effect that Mrs. A. B. should abandon her practice for a short period, and go to the country. In a short time after this meeting, cases of puerperal fever among the patients of other midwives, as well as in private practice, began to appear in various parts of the town. In the course of the spring months a great number of women died of this fever. It never prevailed more generally, nor perhaps ever more fatally, in Manchester. By about the beginning of June it had disappeared.

The fact that sixteen cases of puerperal fever occurred in one month in the practice of a single midwife, while the patients of the other midwives were exempted from the disease, leads naturally to the conclusion that this midwife was the *medium* of communicating (I take not upon myself to say *in what manner*) the malady from one woman to another—from one affected with the fever to another in health; for the reader will observe that the midwives always visit their patients during the first three days after the delivery, if doing well; and for a longer period, if sick. Again, little more than half of the thirty women delivered by this midwife during the month before mentioned took the fever. On some days, all the women she delivered escaped; on other days, out of three or four, one or more of them were seized. This is no way opposed to what is observable in the career of other infectious maladies, and may be explained by assuming that there is a difference in different women, and perhaps in the same women at different times, in regard to predisposition; that the fever was occasionally conveyed *directly* from the diseased to the whole, I possess other evidence than I have stated. In one instance, within my knowledge, a practitioner introduced the catheter, in the case of a poor woman laboring under puerperal fever, late in the evening; and in the course of the same night he had to attend a lady in her confine-

* Here an interval elapses of ten days without any deliveries having taken place—a circumstance which I can only account for by supposing, what is probable, that the midwife, in alarm, voluntarily suspended her operations.

ment a little way in the country. On the morning of the second day after delivery, this lady had a violent rigor, and the other early symptoms of the malady. In another instance, a surgeon was called while in the act of inspecting the body of a woman who died of this fever, to attend a labor : within forty-eight hours after being put to bed the woman was seized with the fever.

That, besides being infectious—that is, capable of being conveyed, in some tangible medium, from one woman to another—this disease is propagated by some cause of a more general kind, probably existing in the atmosphere, *after the fever has prevailed for some time in a locality*, cannot be doubted. Numerous cases occurred during the late epidemic in Manchester ; the origin of which could not, I apprehend, have been traced to infection properly so called.

The morbid appearances in our epidemic, resembled, in most respects, those mentioned by Dr. Campbell, as noticed by him in that of Edinburgh. Phlebitis, although diligently sought for, was not, that I am aware of, detected in a single case. Traces of inflammation of the peritoneum, generally slight, sometimes severe ; inflammation of the pleura, with effusion of serum into the chest, and softening and disorganization of the ovaria, were the usual appearances. In one case, which I inspected, there was great enlargement, thickening, and remarkable softening of the uterus, with other appearances indicative of putrefaction, such as greenness over the lower abdomen, about the pudendum, on the inside of the thighs and arms, and separation of the cuticle, as if it had been detached by a blister. This was the state of the body, exactly twenty-five hours after decease. The ovaria, I ought to have mentioned, resembled masses of venous blood. The patient, a woman of great vigor, was in perfect health on Saturday ; fell in labor on Sunday ; in the course of the night, while in labor, had a violent rigor, and began to complain of tenderness in the abdomen ; was delivered early on Monday, and died on Tuesday at noon. I am not aware that there were any other cases, during the epidemic, with symptoms and appearances similar to those of this woman.

The cases of puerperal fever, according to my observation, were resolvable into three classes : first, those, the most numerous certainly, in which no medical treatment was of avail, where the pulse was 140 and upwards, resembling, in the most striking manner, the pulse when rupture of the uterus has taken place in labor ; and where the heat of the surface never rose to the natural standard. Second, those where leeching, calomel and opium, blisters, and other counter-irritants were indicated, and occasionally proved successful. Third, those cases in which bleeding by the lancet, owing to the complete development of the heat of the body, the acuteness of local pain, and the distinctness and comparative strength and hardness of the pulse, was clearly indicated ; and which, when employed early in this variety of the disease, was almost uniformly successful. The last class of cases became more prevalent towards the decline of the epidemic. During the first two months of its prevalence, on the contrary, very few cases recovered. In consequence of the *kind* of persons attacked by the puerperal fever—mothers of families—the ravages of the disease are in the highest degree astounding and deplorable.

Those practitioners who have encountered the progress of this epidemic need not fear that they will find in the aspect and mortality of any other disease, although it may be of more famous name, features more formidable and success more disheartening. Yours, respectfully,

JOHN ROBERTON.

Manchester, December 15th, 1831.

HEMICRANIA.

On one of those Affections designated Migrane (Megrim), or Hemicrania. By M. PIORRY, M.D.

THE foregoing subject occupies some twenty pages of M. Piorry's late work. The author observes that, under the term hemicrania, authors have arranged several different disorders. Chaussier and his followers have pronounced it a neuralgia of intermittent or continued character, and of greater or less intensity. The author agrees with this opinion; but observes, that hemicrania cannot always be considered as a facial neuralgia. It differs, he remarks, materially from tic douloureux, and also from the pains occasioned by carious teeth. If, indeed, says he, we understand by the word hemicrania, a pain seated on one side of the head, almost all neuralgia of this part must come under the designation, since few of them attack more than one side of the body, or pass the median line. But if, by hemicrania, we mean a specific affection, having its seat in or near one of the eyes—differing from all the other neuralgiæ—followed by sickness and generally relieved by vomiting—ceasing after a single paroxysm, not to return for a considerable time in general—then we must separate hemicrania from the other neuralgiæ with which it has hitherto been confounded, in order to study its symptoms, its signs, and its treatment. The author affirms that he has paid great attention to this disease—and thinks that investigation of it throws some light on the neuroses in general.

The complaint in question is conceived by the author to be a neurosis, or rather a neuralgia of the iris, which, at first bounded to that membrane, or, more properly speaking, to its nerves, extends to a number of other nervous branches, and is characterised by disturbance of vision, succeeded by pain in the eye, or on the surface of the cranium, by sickness, and by vomiting. This ophthalmic neurosis is observable among people whose sight is weak, to whom strong light is disagreeable, and dark rooms pleasant—who study and write much—who lead a sedentary life—and among workmen who are much occupied with the inspection of minute bodies.

On the other hand, we rarely see this complaint in people who lead an active life in the open air—who are habitually exposed to a strong light—and who do not exercise the eyes much. It occurs chiefly, according to the experience of the author, under two opposite conditions of the stomach—a state of too much repletion, and too great abstinence. In people, in these conditions, a very slight exertion of the eyes will often bring on the ophthalmic neuralgia. A physician of the author's acquaintance generally experienced an attack of this complaint every time

that he read a lecture on medicine. Whenever he left off lecturing, or at least the reading of his lectures, he ceased to have the hemicrania; and whenever he resumed the avocation, the disorder returned. It was remarked that these lectures were delivered on a full stomach directly after dinner.

The hour of attack, however, is not confined to any particular period—sometimes immediately after the application of the exciting cause—sometimes not till after several hours, but generally within the twenty-four hours. At the moment of the invasion, the sight becomes less clear, and there appears a kind of black speck in the centre of the eye, which gradually enlarges and spreads to the other parts of the organ, still partially surrounded by the arc of a luminous circle, of different colors in different individuals. After a time, this dark centre and sparkling circle begin to grow less distinct, and at last break up and disappear, with return of vision. These phenomena rarely take place, except in one eye. Thus far there is no pain experienced; but only a kind of stupor, with some derangement of vision and heaviness of head. But after a longer or shorter interval, some darting pains are felt in the eye and temple, and the least pressure on the ball of the eye causes much suffering. The patient complains that the globe of the eye feels too full, attended with pulsation of a dolorous kind. These sensations are not uniformly pungent, but remit and exasperate, like colic or spasmodic pains in other parts. The duration of these attacks varies from some hours to two or three days.

Meantime the senses of hearing, tasting, and smelling, are more or less deranged with that of sight. The eyelids become red and tumefied—the access of light is insufferable—the least noise offends the ear—and the taste for food is quite perverted. The sensorial functions are undisturbed; except that there is a greater tendency to sleep than usual.

Such are the phenomena of cases the most simple; but very frequently the stomach participates in the complaints of the eye. Soon after the ophthalmic symptoms commence, eructations from the stomach take place, followed by some nausea, and even by vomiting of the food lately taken, or, if empty, of glairy mucus. In severe cases the stomach is not the only organ which sympathizes with the eye. Often one side of the tongue or of the face, or one of the upper or lower extremities, experience a kind of painful tremor or vibration, like that which is felt after striking the cubital nerve, at the elbow, against some hard body. In general, the heart, lungs, and intestinal canal, remain free from any morbid affection. A restorative sleep usually terminates the paroxysm, after several hours', or two or three days' duration. A heaviness of the head is felt for a day or two after the cessation of the hemicrania. The recurrence of the malady is uncertain; and generally only when the exciting causes are strongly applied. Our author knows a female who has six months' interval between the attacks, provided she does not read within two hours after taking food. If she uses not this precaution, she is sure of an attack immediately after her transgression. In certain individuals the attack is periodical, returning every eight days, every month, or every two or three months, with considerable regularity. In others, there is no fixed period for relapse.

The prognosis in this curious complaint, is generally favorable, as far as life is concerned ; but if the complaint proves rebellious, it renders life miserable. When it fails to be cured, the paroxysms return at shorter and shorter intervals, till life becomes one scene of suffering. Our author has not been able to find any information respecting the pathological anatomy of hemicrania ; but suspects that the scalpel will not reveal any lesion of structure in the brain or membranes to account for the phenomena. This neuralgia, he imagines, is too fugitive, subject to too many remissions or intermissions, to leave organic traces that might be detected by the eye. He justly observes that the dissecting room is not the only place where we may study pathology. The sick-room will often afford us much useful information in this respect. An examination of the eye, during the attack of hemicrania, shows the pupil strongly contracted, and consequently the iris put upon the stretch, with redness of both palpebræ. From these phenomena M. Piorry concludes that, in hemicrania, an exciting cause acts on the retina and iris—the nervous action is modified—a kind of struggle takes place, evinced by oscillations and vibrations, with the luminous circle, dark spots, &c. before alluded to. In time, the fifth pair of nerves participate in the morbid action, and ultimately other organs and parts with which the fifth pair communicate.

TREATMENT.—Our author considers himself as very successful in the treatment of this painful malady. His first indications are to arrest the development of the series of symptoms constituting hemicrania—and to mitigate its accessions (*calmer ses accès*). It is at the moment of its commencement that the course of the malady is most easily checked. At this period all causes of excitation in the optic nerves and tissues should be removed. The patient is to be completely excluded from light and noise. This abduction of all stimulus will sometimes induce early sleep, and check the paroxysm. It is at this early period that the application of belladonna has occasionally succeeded in preventing the pain. The author and his colleague, M. Trousseau, cause the remedy to be rubbed on the temples with the greatest success. M. Piorry dilutes the belladonna with a little water so as to form a kind of syrup, which is rubbed on the palpebræ as well as on the temples. The author uses only a very small quantity of the remedy, from one to three or four grains. He avers that he hardly ever fails to check the paroxysm by this means. It is to be borne in mind that, on the succeeding day after the application of the belladonna, the pupils will be greatly dilated, and vision disturbed. But this effect and inconvenience are only temporary. The author has not employed belladonna internally. He has used opium, but with very indifferent effects. M. Piorry observes that the march of hemicrania may often be arrested by raising excitement in the stomach, by means of stimulants, as wine, spices, food, &c. A very smart stimulation to the feet will sometimes have the same effect. In case of failure, each symptom can only be combated by the most probable means. Quietude and darkness—cold applied to the eye affected—vomiting by means of large ingurgitation of warm water, will mitigate the pain, and somewhat curtail the paroxysms.

The prevention of a return then becomes the great indication. The causes already enumerated are to be avoided, and especially all exercise

of the eye in reading during the operation of digestion. After this process is finished in the stomach, the patient need not fear to engage in study or other exercise. Exposure to a strong light, however, and sudden transition from a dark to an illuminated room, are dangerous. Sometimes a local plethora predisposes to hemicrania; then abstraction of blood is proper. On the other hand, where the patient leads a sedentary life, and is debilitated, we ought to prescribe nourishing food, which is the best of all tonics. Great attention to the bowels is necessary, since constipation often renews the attack. It is remarkable that the author appears to have had but little experience of the efficacy of quinine in this complaint—and of arsenic he makes no mention at all. Yet these are the most potent of all remedies in the disease under consideration. We have met with the complaint very often—indeed, it is by no means unfrequent in this metropolis, among artists and others who lead a sedentary life, using the eye much, and the muscles of the body little. In these people, we have first cleared the bowels, and then given a sudorific at bed-time, with a good dose of colchicum and Batley's liquor opii sedativus. After this the quinine, arsenic, or both united, have seldom failed to put a sudden stop to the complaint. Quinine in small doses, for some weeks afterwards, is necessary to prevent relapses.—*Med.-Chir. Rev.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 21, 1832.

ALLEGED MAL-PRACTICE.

THE following notice appeared in the Litchfield (Connecticut) Enquirer of Thursday last.

"The Superior Court of this County, Judge Daggett presiding, closed its sessions on Tuesday night last, after an arduous session of fifteen days. Besides the criminal trials, there was a number of civil cases disposed of, among which was the following:—

"*Harriet A. London vs. Dr. Asahel Humphrey.*—This was an action for mal-practice in performing the operation of vaccination upon the left arm of the plaintiff, in March, 1829. It appeared that the defendant and sundry other physicians had made a contract with the Board of Health of the town of Salisbury, to vaccinate the inhabitants of that town—that the physicians divided the town into districts to enable them to perform with facility the duty assigned them—that the plaintiff resided in the district confined to the care of the defendant; that the defendant employed one Rollin Sprague, a young student of medicine, to attend to the business for him as his agent, and that Sprague vaccinated the plaintiff, and made two punctures just above the elbow joint in a very unusual place—the effect of which was immediate, and was attended with the most serious consequences, indicating, in the opinion of Professor Hubbard and others, with unerring certainty, that a nerve had been wounded. It was proved that the injury was probably incurable. The case underwent an elaborate investigation, and the jury rendered a verdict for the plaintiff—\$400 damages."

The foregoing case and decision are calculated to excite the astonishment of every medical man. It is unquestionably the only case of the kind on the records of any court in any portion of the civilized world. The process of vaccination is and has long been performed by parents ignorant of physic or anatomy, on their own children, by officious women, itinerants, and people of almost every grade of ignorance and carelessness, and yet never have we heard of a single instance in which harm has come of the incision. Nor can we conceive in what way the case above noticed could have been made out. The puncture for vaccination is made merely through the cuticle, so as to admit the matter to the mouths of the cutaneous absorbents: how it could have been carried deep enough to injure any important nerve, is matter of surprise, and we confess ourselves somewhat incredulous of the justice of the decision. It is to be hoped that a proper and detailed report of the case will soon be furnished to the medical public.

The New Styptic.—MM. Talrich and Halma-Grand deposited at the Academy of Sciences, in Paris, on the 26th September, a sealed packet, containing the composition of their liquid for arresting hæmorrhage. It is to be opened as soon as a series of experiments now in progress have been completed. The following is an account of some of these trials. Fifteen sheep have publicly had the carotid artery opened: four lengthways, nine across, and two with an oval portion cut out. In all of these the bleeding was arrested in four or five minutes, and the cicatrization completed in a few days. The same result was obtained on the horse whose carotid was opened a few days ago in the abattoir at Montfaucon. In order to stop the bleeding, dossils of lint, steeped in the fluid, are applied with some degree of pressure, and afterwards suffered to remain there. The writer in the French journal from which we take these particulars, says that he was very lately called to a young gentleman, who had had copious bleeding for twenty-four hours, in consequence of having had a tooth extracted from the lower jaw. Various approved methods had been tried without avail, and the actual cautery was just about to be had recourse to, when it was determined to give the styptic of MM. Talrich and Halma-Grand a trial. In seven minutes the bleeding was completely stopped.

A correspondent informs us, that the styptic above alluded to has been tried at St. George's Hospital. The carotid artery of a sheep was opened by means of a longitudinal incision, about two lines in length; dossils of lint were applied, and covered with compresses, which were retained in their place with some firmness for about a quarter of an hour; they were then removed, the lint being suffered to remain. The animal was set at liberty, and no bleeding occurred. At the end of some days it was slaughtered. On examining the parts, great extravasation of blood was found in the cellular texture round the vessel, while itself contained no clot.

In consequence of a circular letter of invitation, a considerable number of persons assembled to witness some farther experiments. The first consisted in laying bare the carotid artery of a sheep, and cutting out a portion of it with a curved scissors. Portions of lint, about the size of a small walnut, steeped in the styptic, were applied to the wounded vessel, the first being kept steadily in its place for ten minutes, and two or three others successively laid over it, the whole process occupying a quarter of an hour. The animal was then unbound, and suffered to rise, when the

lint was instantly thrown out, and the animal bled to death. In another the carotid artery was cut across to the extent of about half its calibre, and then treated as above, with the addition of a stitch, to retain the lint in its place. No hæmorrhage followed; the stitch and lint were removed next day, and the animal appears to suffer little inconvenience.

Value of the Blood in Diagnosis.—Sir Astley Cooper gives us a valuable lesson in the following case: A man in Guy's Hospital, in the last stage of scurvy, whose skin would ecchymose from the slightest pressure, and from whose gums blood was oozing, was bled, (a little being taken as an experiment,) and even the blood was both sisy and cupped!

New Treatment of Painter's Colic.—A French Physician, M. Gendrin, has found this disease to yield with unusual facility to the free internal administration of alum. He has reported to the Institute the result of his trial of this practice in fifty-eight cases, all of which were cured by it. He administered from one to three drachms a day, in solution, and found it more efficacious when, at the same time, his patients drank freely of water acidulated with sulphuric acid.

Removal of the Lower Lip.—This operation was performed on Thursday last, at the Massachusetts General Hospital, by Dr. George Hayward. The occasion of the removal was a cancer, which had become so diffused as to involve the integuments to such an extent that the edges of the wound could not be approximated. The diseased parts were taken away with little hæmorrhage, and the patient bore the operation well.

Whole number of deaths in Boston for the week ending March 16, 29. Males, 14—Females, 15.

Of scarlet fever, 5—childbed, 1—disease of the heart, 1—consumption, 5—paralytic, 1— inflammation on the brain, 1—dropsy, 1—lung fever, 1—drowned, 1—measles, 1—brain fever, 1— inflammation on the lungs, 1—hip complaint, 1—throat distemper, 2—putrid sore throat, 1—old age, 2—croup, 1—unknown, 2.

ADVERTISEMENTS.

HISTORY OF THE CHOLERA MORBUS.

JUST published by CARTER & HENDEE, a Medical and Topographical History of the Cholera Morbus, including the mode of Prevention and Treatment, by SCOUTTETTEN, adjunct Professor at the School of Medicine at Strasburg, member of the Royal Academy at Metz, &c. &c., with a Report read at the Royal Academy of Medicine at Paris, Sept. 17, 1831. Translated from the French, by A. SIDNEY DOANE, A.M., M.D. m14

REPORT OF THE ROYAL ACADEMY OF MEDICINE to the Minister of the Interior, upon the Cholera Morbus, published by order of the French Government. Translated from the French by JOHN W. STERLING, M.D. Just received by CARTER & HENDEE. March 14.

A DICTIONARY OF MEDICINE, designed for popular use. By Alexander Macaulay, M.D. Second English edition. Just received by CARTER & HENDEE. March 14.

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